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ABSTRACT

The booklet addresses the problems of vulnerable children with suggestions child care center workers may use both for recognizing signs of handicaps in children and helping children overcome existing handicaps. The vulnerable child is defined as a child who may be overwhelmed by physical and/or emotional handicaps and thus is at risk of later mental illness. Throughout, short case studies are given to illustrate a child's activity or attitude in relation to a handicap and the staff member's role, which might include referral or a planned strategy. Physical handicaps are discussed in terms of motor difficulties, poor vision, loss of hearing, allergies, and special sensitivities such as giddiness on a merry-go-round. Emotional vulnerability is seen in children with a poor start in life, anxiety, slow social development, and combined handicaps. The care worker is advised to recognize children's fears as normal and to know ways to deal with fears such as holding a child on the lap in a close embrace when thunder rolls. Considered are children who experience stress from events such as a tornado and subsequently exhibit stress signs (regressive behavior or appetite loss), which can be overcome by constant teacher reassurance and acting out games. (For other booklets in the series see EC 052 600 through EC 052 603). (MC)

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caring for children—number five

THE VULNERABLE CHILD

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preface

The influence of a good child care center is not limited to the children who are cared for, the staff itself, or the mothers who participate. Older and younger brothers and sisters, friends, neighbors, volunteers may all gain from changes brought about by the child care center. In some instances, the neighborhood is brightened up, inspired by the attractiveness of the center, and pride emerges to spark new efforts. School teachers and principals, ministers, and local agencies also grow more helpful, more interested in children.

This comes from the friendliness of the center staff to the whole family and to the neighbors. It also comes from the quality of every aspect of the child care center—the cheerful setting, the good food, the well-organized space for activity, the children's progress in learning and self-control, the experience of helping to improve the center itself and the neighborhood, the resulting good feelings, and a contagious sense of progress.

At one child care center on a dirt road full of deep ruts and holes, with some adjacent yards full of junk and neighboring houses in a run down condition, major changes occurred. The city street department improved the road; the real estate agent repaired and painted nearby houses while resident owners painted their own; and volunteers from the police department cleaned up the junk. Yards bare and full of scraggly weeds were seeded and made neat. It all takes effort, but the response releases new energy.

Thus child care centers have the opportunity of providing massive help for the nation's children through contributing to wholesome physical, mental, and social development, and also to an improved environment for the children. The child in a good center all day will receive good food, exercise, and rest to build a healthy body, as well as assistance in correction of physical problems.

Through constant communication with teachers and aides, language is developed, vocabulary is enlarged naturally, thought is stimulated, and a healthy self-concept evolves. Use of toys and other play and work materials involves exercise and development of sensory-motor skills, along with many concepts of color, size, shape, weight, balance, structure, and design. Stories and songs encourage integration of feelings, action, and ideas, while developing imagination.

Spontaneous play in the housekeeping corner or with blocks allows the child to play out his observations of the family and the community. Other children may broaden their ideas and skills through watching and joining in the play.

Neither health, nor adequate mental development, nor constructive social behavior can be guaranteed for the rest of the child's life if the following years do not also meet his needs adequately. But good total development in childhood can provide prerequisites for further growth and can help to prevent the beginnings of retardation, disorganized behavior, early delinquency, and emotional disturbance.

acknowledgments

I owe most to two groups of workers with young children: first, my former colleagues at Sarah Lawrence College, who taught the children at the Sarah Lawrence Nursery School—Evelyn Beyer, long time director of the nursery school, and Marian Gay, Rebekah Shuey, and also colleagues at Bank Street College for Teachers with whom at different times I shared teaching and research experiences. But in addition, I owe much to the directors and teachers of many nursery schools and day care centers across America and around the world. Especially exciting to me were the Basic Education schools of India, initiated by Gandhi and Zakir Hussain; and Bal Ghar in Ahmedabad, India—a unique integration of the best American nursery school concepts, Montessori principles, Basic Education, and some traditional Indian patterns, organized with a special balance of good structure and flexibility that I came to know as Kamalini Sarabhai's genius.

I am equally grateful to the creative staff of the North Topeka Day Care Center—Josephine Nesbitt and Forestine Lewis, who "dreamed up" the center to meet the needs of deprived children in their area; and among the intercultural group of teachers and directors, Sarita Peters, Mary Wilson, Jane Kemp, Connie Garcia, Chris Smith—each of whom had special talents in handling the children, stimulating and supporting their growth. Cecile Anderson has been especially generous in sharing her unique story–techniques, observations of children's favorite stories, and ways of looking at children's constructiveness and pride in achievement. Among the volunteers, Lillian Morrow was an inspiration to all of us with her sensitive, skillful, and quietly warm ways, and Carol Rousey contributed expert and helpful assessments of the children's speech and language development.

The leadership of the local OEO director, Robert Harder, and later J. A. Dickinson, stimulated staff, parents and neighbors, Girl Scouts, occupational therapy groups in local hospitals to help paint, plant shrubbery, build outdoor play equipment, provide toys so as to make possible a pleasant and well-furnished environment for learning and for total development. Shirley Norris, director of Kansas State Day Care, Anna Ransom, wise dean of Topeka day care efforts, and Mr. S. Revely, the local realtor who renovated the neighborhood houses for the Center, all gave time, energy, and warm interest to the development of the Center.

I also want to express my appreciation to the responsive mothers whose progress along with that of their children gave me a new understanding of human potentialities in children and adults of all ethnic groups in America and the urgency of making it possible for these to be expressed.

These guidelines were initiated by Dr. Caroline Chandler, former Chief, Children's Mental Health Section, National Institute of Mental Health, and were supported by PHS Grant R12—MH9266, the Menninger Foundation, and Children's Hospital of the District of Columbia. They were prepared under the supervision of Mrs. Franc Balzer, Director of Head Start's Parent and Child Center Program.

Lois B. Murphy, Ph.D.

THE VULNERABLE CHILD

Probably the most helpless creature in the world is a newborn baby. From the moment he is born he is dependent on other people for his every need. If his mother or the grown-ups around him do not give him food, he starves. If they do not dress him in warm clothing and wrap him snugly in a blanket, he catches cold and dies. If they do not keep him clean, he lies in his own body wastes unable to move himself to a dry place. About the only thing he can do is cry when he needs attention. If he doesn't get it, he does not survive.

An infant in its helpless state at birth is extremely vulnerable—that is he is easily hurt or upset if he is not handled with extreme care. He has no way to defend himself from any sort of danger that might threaten. Tiny babies have smothered under their blankets because they did not have the strength to throw the cover off. There are reports of babies being killed by the bites of a rat, which would never attack a stronger person. Because they are so vulnerable, infants need the utmost protection by their parents and the other adults around them.

As the baby grows older, he grows stronger and becomes less vulnerable. With a bit more flesh on his bones he is able to withstand greater temperature changes and does not catch cold so easily. He can move himself about and delights in kicking off his covers despite the temperature. His stomach grows bigger and can hold more food so that he doesn't need to eat so often. Though still vulnerable in the sense that any small creature is more or less at the mercy of the bigger creatures around it, the young child who develops normally begins to feel at home in his surroundings and learns to take the ups and downs of everyday living in his stride.

However, in the course of growing up some children still have deficiencies which make it difficult for them to adjust to the people and

things around them, and which make them vulnerable in some ways. They might not be able to see or hear well. A bone deformity or mild nervous system damage may keep a child from crawling and walking like other children. Some babies, for one reason or another, get off to a bad start in life, and as they grow older continue to be easily upset. Illness, or constant disturbing experiences, such as too much noise or moving about, an irregular routine, or feeding and sleeping difficulties during the first six months of life may influence his behavior the rest of his life. All babies need peace and quiet, to be comfortable during the early months when their bodies are learning to do their work and the beginnings of their minds are being shaped. Those who experience constant pain or anger or anxiety in the very early months may develop emotional disturbances or even mental illness later on.

Children with handicaps are vulnerable in a way that requires special handling. They need more help from their mothers or supporting adults than do other children. The teacher in the day care center must be aware of why a child is sensitive and must help him learn to do things for himself. She must provide support when it is needed, but she must not overprotect him. He will have to compete in a world of normal, healthy people, and he must learn to overcome or live with his handicaps.

Overcoming a handicap may be as simple as providing glasses to correct poor vision, or it may be as difficult as laboriously exercising under-developed muscles until they are strong enough to hold up the body and allow the child to walk without braces. When a child is vulnerable emotionally, he may need help to talk about and play out the feelings that worry him.

When a child suffers from several handicaps at once, the effects can build up until the child can no longer cope with the difficulties he is faced with. He desperately needs a helping hand to show him how to keep from getting overwhelmed by them.

As a child is successful in adapting to his handicaps and in overcoming his difficulties, he becomes less vulnerable. He does not need so much special attention. He is better able to move with the group and can begin to make his way in a competitive world.

Sometimes a sensitive or vulnerable child wants to take time alone to think things out.

physical handicaps

Motor Difficulties—One of the most heart-rending sights in the world is a crippled child. Everyone who sees him instinctively wants to hold out a helping hand. Carmen must wear a brace on her left leg because of a weakness from polio. Everyone recognizes that she has difficulties and no one expects her to keep up with other children in activities requiring two strong legs.

Carmen may be called a vulnerable child. The fact that she is vulnerable in a way that is obvious to everyone may make it easier for her to live with her handicap. In fact, her mother and teacher feel so sorry for her that they often do things for her that she can do for herself. Sometimes she gets more attention than is good for her. If she can be encouraged to exercise, her leg will grow stronger, and she will be able to join more activities.

In the same child care group is Larry. "Butterfingers," laughs his teacher when Larry spills his milk almost every lunchtime. "Try not to be so careless, Larry. Watch where you are running," reminds teacher when Larry bumps into Geraldine and makes her cry. Because Larry looks normal, everyone expects him to perform like a normal boy. Actually, a high fever when Larry was a baby damaged some of the cells in the part of his brain that controls his motor abilities. The result is a poor sense of space and distance and poor coordination, which makes him clumsy.

Larry, too, is vulnerable—possibly more vulnerable than Carmen because he must live with a difficulty that is not easily seen by others. He is expected to compete equally with children who do not have a handicap. This puts him under a great deal of pressure to keep up with the group. Perhaps this is why he frequently gets frustrated and out of sorts. Maybe Larry is angry so often because nobody recognizes the difficulties he has, and he doesn't understand them himself.

A knowing teacher can help Larry in many ways. If she reports his clumsiness to the consulting pediatrician, the doctor might find there has been some brain damage. Once parents and teachers know that Larry has a genuine handicap and is not just careless, they can accept accomplishments closer to his actual ability and not try to push him to do as the other children do. When Larry rides a bike or runs, for instance, they can try to steer him into an open space where he is less likely to collide with others.

At the same time they can help Larry to work at improving his coordination. Teacher can help him to master throwing a ball and sitting on a seesaw. She can also encourage such a child to play with toys that will improve his perception of space, like building towers of blocks.

There are other ways that children can be limited. Julie is a very shy child. When the group takes a hike in the woods, Julie stays close to teacher and holds her hand. She wouldn't dream of poking into a hollow tree or picking up a beetle. She doesn't appear to have any curiosity—none of the "get up and go" that the other children have. She is not independent, and she doesn't explore the world for herself.

In talks with Julie's mother, teacher learned that Julie had been very ill for many months between the ages of eight and 16 months. This is the time a normal baby crawls and then toddles all over the house, pulling out drawers, opening closets, banging pots and pans together. The baby's natural curiosity gets him into all sorts of new situations. He learns many things about the world around him and has a lot of fun doing it. His pleasure in exploring and discovering new things continues as he grows older and provides him with a lively interest in everything that happens at the child care center. He has learned to enjoy learning.

Sick little Julie, however, was confined to her crib when she should have been out poking and prodding. Her natural curiosity never had a chance to develop. Now a few years later she doesn't know how to begin, so she stays close to teacher's side for safety.

A poorly coordinated child can improve her balance when teacher helps her on the seesaw.

Julie's vulnerability is difficult to recognize. It isn't even important for teacher to know why Julie lacks curiosity. Whenever a child pulls back from a new situation, teacher can help stir up his interest by showing him that exploring is fun. If teacher takes Julie by the hand and peeks under a fallen tree trunk, or points up to a woodpecker tapping on the tree above them, or encourages Julie to "see how many different colored stones you can find," she will help Julie realize that she is missing a lot of fun by staying on the sidelines. As Julie begins to participate freely in the group activities, she may begin to overcome her shyness and passivity.

Jack is healthy and normal in every respect, except that he is small-boned and frail while his parents both are broad-shouldered and robust. As long as he can remember, well-meaning adults have exclaimed, "How little you are!" His parents don't help his feelings when they affectionately call him "Peanut," and his big brother makes him feel even worse when he calls him "Runt." Nobody intends to hurt Jack, but they do every day. Not knowing that he cannot control his body build, Jack begins to think that he is little because of something wrong he has done. He feels guilty because he is the shortest boy in his group. Compelled to show everyone how tough he really is, Jack picks fights at every opportunity.

His size has made him a vulnerable child. A wise teacher can recognize that Jack has to show his worth to make up for his small body. She might call on him to lead the group in an action song or to demonstrate a safe way to climb down from the tree. Many small people are well-coordinated and excel in motor skills. If teacher helps Jack to develop his talents, she will be giving Jack another outlet for his feelings so that he won't have to beat up every boy in the class to feel good. Teacher could also suggest to Jack's mother that the family find some other nicknames for their son.

Poor Vision—If you have ever looked at a television set when the antenna connection has come loose, you know how annoying it is to see four or five fuzzy figures instead of one clear picture on the screen. You may watch for a while if the program is really interesting, but probably before long your eyes will begin to ache and you will turn off the set in disgust.

There are some children who see fuzzy images of everything they look at because they have a defect in their eyes. Until the defect is corrected, the child never gets a clear picture of the world around him. What a lot of wrong ideas he must store away!

If the only television you had ever seen was one with a loose antenna connection, you probably would assume that every television set produced just as distorted a picture. You would wonder why people paid hundreds of dollars to buy a TV set to look at such meaningless blurs. You would have an incorrect idea about television because your reasoning was based on incomplete information about television sets. A child with faulty vision may have an incorrect idea about the world because his reasoning also is based on incomplete information.

Unless his vision is corrected with glasses, he will continue to go through life with fuzzy thoughts. Children with poor vision have been mistakenly thought to be stupid because they couldn't learn to read. Actually, they couldn't learn to read because they couldn't see the letters clearly.

A child with poor vision may have only a dim idea of the layout of the child care center and feel too unsure of himself to play about freely. Painting would be merely a blur of color to him, and he might be afraid to walk alone in the play yard for fear of being run over by a tricycle that he couldn't see. A person with good vision cannot imagine what sorts of shadowy monsters may lurk in the corners for the child who cannot see that far.

Obviously, the first step in helping this vulnerable child is to see that his eyes are examined and that corrective glasses are prescribed. Once his world comes into focus, his vulnerability may disappear without any further help from teacher. If he still seems unsure of himself, it may be a holdover from the days when he could not play as the other children did, and he may need some extra help from teacher to join in the activities.

Loss of Hearing—Television again may help us understand the plight of the child who is hard of hearing. Turn off the sound for a minute and try to follow the action of a story just by looking. Unless you have had special training in lip reading, you probably soon will lose track of what is happening. A child whose hearing is defective goes through life seeing lips move and not knowing what they are saying.

The child with a hearing loss really has two handicaps to overcome. A baby learns to talk by hearing other people say words and eventually by imitating them. If his ears never hear other words, or if the sounds that come to his ears are fuzzy and indistinct, he does not have a clear idea of what sounds he is expected to imitate. He may voice meaningless syllables thinking he is talking. Realizing that nobody understands him, he may begin to withdraw and lapse into a hopeless silence.

There are many different kinds of hearing problems. A child may be able to hear if someone looks directly at him and speaks very distinctly, but when teacher gives a direction from a distance, his ears may not be able to separate her words from the normal background noises of a classroom. He may be able to understand a man's deep voice better than he can a woman's high-pitched voice.

A child who cannot hear directions is very likely to break rules without meaning to. If he is disciplined for disobeying an order that he did not hear, he probably will feel angry toward the teacher. If teacher speaks to him and he does not hear, he will not answer. Teacher may get the mistaken idea that he is a sullen, unresponsive child, given to sudden outbursts of anger.

Once a hearing loss is identified, it frequently can be corrected with a hearing aid. Now it is up to teacher to help the child catch up with his hearing classmates. He probably will need more individual conversation with an adult to expand his speaking ability. He may not be able to pronounce words correctly at first and may even need some special exercises to help him speak so that he is understood. Nothing can be more frustrating than to say something and discover that nobody understands you!

He may also need some help in paying attention to directions. A child who cannot hear what is being said, soon learns not to listen. Teacher may have to remind him to listen when she speaks. She also must remember to look directly at him and speak clearly. At storytime if she reserves a place near her, but not always in the favored spot on her lap, she will make it eas-

ier for him to hear the story. A child with a loss of hearing may also have to be reminded to speak in a lower voice and not to tap his feet during the story, for people who do not hear well themselves cannot know how annoying noises may be to people with normal hearing.

A severe cold may leave the ear passages clogged, and a child may suffer a temporary loss of hearing. If a child suddenly begins to ignore directions and does not answer when spoken to, teacher might check his hearing to be sure it is all right before she disciplines him for his behavior.

Allergies—Only a saint could be happy and pleasant with a stopped up nose and watery eyes. When some adults get a bad head cold, what they most want is to go off somewhere by themselves and be alone in their misery.

Some small children suffer from asthma or other allergies, like hayfever, and go through life with stuffy noses and running eyes. It is little wonder that children like this may be irritable and difficult to live with. Other allergies may cause itchy, scaly skin that can make a person uncomfortable and cross. A child who must live with such irritating conditions also needs special attention.

Medical attention is needed first, for many allergies can be eased by prescribed medicines. Teacher must show the child that she understands that he doesn't feel well and assure him that she still loves him despite his running nose and unsightly skin. If the child senses that he is repugnant to the teacher in any way, he is likely to turn away and shut everyone out. Anything teacher can do to give him added self-assurance and make him feel an important part of the group will help to divert aggressive feelings that might arise from feeling rejected.

Special Sensitivities—Does your blood run cold when chalk squeaks on a blackboard, or do you get goosebumps when you look down from a high place? In the first instance you are sensitive to certain sounds. In the second, you are sensitive to heights.

Children also have their own peculiar sensitivities. Some children's ears hurt when they hear a loud noise, like a siren or an angry voice. Too much background bustle may make a child nervous and cause him to be overexcited and restless or hyperactive. Some children cannot stand a slight temperature change and even on a hot day their lips will turn blue if they wade in cold water. There are children who enjoy being tossed in the air and handled in a rough and tumble manner, and there are others who dislike physical contact except the very mildest sort of touch. One child may ride a merry-go-round over and over again without getting the slightest bit giddy, yet another child will appear to lose his breath at the first push on a swing.

How can a teacher know what approach is needed for each child? Mostly from watching and remembering how the children react to different experiences. For instance, she must remember that Brian likes a bear hug when he arrives in the morning, but a light pat on the head is all the contact Vicky can take.

As a general rule teacher should try to keep the noise level down, both for the sake of the children's sensitive ears and her own nerves. She should make a habit to talk with the children in a normal, interesting voice and never shout, even when she is angry. When a child is in danger, teacher can frighten him unnecessarily if she screams at him. A child who has strayed across the street, for instance, may dash back across the street right into the path of a car if teacher yells to him in panic.

Teacher can help each child live with his sensitivities and learn to outgrow some of them if she, herself, is aware that children are sensitive to different things and if she handles each child's experiences according to his individual needs.

Some children delight in rough play; others recoil from it.

emotional vulnerability

A Poor Start—Every new mother experiences the same nagging fears right after her baby is born. Is he normal? Does he have 10 fingers and toes? Two arms and legs? Are all the parts in their proper places? Not until she holds her baby for the first time and determines for herself that he is, indeed, normal, do her worries leave her.

If only we could be sure that a baby is healthy just by counting fingers and toes! Unfortunately most defects are hidden within the body. Physical defects, like poor eyesight or a faulty heart valve, eventually show up in a medical examination. But there are children who have no obvious problems, yet have trouble adjusting to life itself. Somehow they don't seem to be well put together. Their impulses tend to run away with them, and they quickly develop reputations as "behavior problems." A new situation or a sudden change is likely to disturb them. They find it hard to concentrate. Their attention span is short. Some of these are the children who become the "slow learners," the "juvenile delinquents," and the "dropouts" that society is so concerned about today.

Studies show that many of these so-called "problem" children got off to a poor start in life. An unborn baby may not develop properly if his mother does not have enough of the right kinds of food to eat nor adequate medical attention during pregnancy, particularly if it is a difficult pregnancy. The recurring threat of a miscarriage can turn the expectant mother into a semi-invalid and may have an effect on her baby. Some women suffer with acute morning sickness or dizziness or kidney disturbance beyond what doctors consider the normal discomforts of pregnancy.

A very slow, long labor or some other difficulty at birth can get a baby off to a poor start, particularly if there is no qualified medical person in attendance. An unusually slow birth may result in a shortage of oxygen to the baby, a condition which might cause some brain damage. There is no question that a premature baby often gets off to a bad start. If he happens to be born without medical attention and prompt care in an incubator, his first few weeks are extremely risky. The baby who survives such conditions is often affected in some way.

Even if the pregnancy and birth are normal, experiences in the first six months can upset the baby so that he has difficulty adjusting to life. A baby's body and brain continue to develop after he is born and to become better organized. During these first few months he needs to be quiet and comfortable so that nothing interferes with this important growth. If he is overly upset by pain or anger, if he is jostled about too much so that he becomes overly excited, he may have more difficulty in settling down to a good rhythm.

Such disturbing experiences in infancy may also have some later effect on the way the child thinks and on his attitudes toward life. He may not be able to accept the everyday changes and pressures that come to everyone. He may find that normal relationships with other people overtax his patience. Life may become too much to cope with. When a child like this becomes an adult, he may be nervous or even suffer from mental illness. But the way a child is handled in early childhood may help overcome some of the emotional difficulties he carries with him from infancy.

Anxiety—Everybody has known a worry-wart. He's the fellow who checks the stove three times every night to be sure the gas is turned off and who wouldn't think of going to bed without trying every window and door to be sure they are locked. He's the character in the old joke who wears suspenders and a belt to keep his trousers up.

Some of our worry-wart acquaintances were the same kinds of children that we now call "vulnerable." A child who is easily upset emotionally is likely to be a perpetual worrier. Every departure from routine upsets him. He has so little confidence that he can do anything well that he seldom tries very hard.

When this type of child first enters a child care group, he may cry. If teacher can sit with him so he won't feel alone, he can absorb a great deal about the center. He will get to recognize the other children and teachers (although he may

still be too timid to speak to anyone), he will see what sorts of games they play, and he may even learn the words to a song without joining in the singing himself. He also will observe what behavior is permitted and what is not tolerated. After a few days of getting used to the new place, he can move into the group with a fair degree of self-confidence, knowing what will be expected of him. Teacher's patience in allowing him to go forward at his own speed can help to erase many of his worries about fitting into a new place.

Even though he has taken the first steps toward participation, this anxious child may need help repeatedly along the way. He needs to know that he can keep up with the other children, that his paintings and his sand highways are well done. He may need quite a lot of teacher's attention and praise for some time, but little by little his confidence should become stronger and his anxieties should become fewer.

Slow Social Development—Bernadine had only one interest in life. She delighted in pulling out electric plugs and putting them back in. No matter what the other children in the child care center were doing, Bernadine went about by herself looking for new electric plugs to play with. She never said a word although she seemed to understand when someone spoke to here. She acted as if the rest of the children did not exist.

Perplexed about what to do for Bernadine, the teacher asked the social worker to try to find out why Bernadine behaved in such a strange manner. The reason was not difficult to discover. While Bernadine was still a baby, her mother had to go off to work. She left her with a deaf babysitter who could not speak to Bernadine and who left her in the crib all day long. The only diversion within reach was a light plug. Bernadine whiled away the long hours waiting for her mother to return from work by pulling out the plug and putting it back again. When she came to the child care center, electric plugs were the only toys she knew.

An aide was given the full-time task of being with Bernadine for the first few weeks. After showing great interest in light plugs herself, the aide gradually introduced different shaped blocks that could be pushed through various shaped holes. From there they went to puzzles and Lego. As her interests broadened, Bernadine began to say a few words, then more and more, un-

A creative experience with chalk and paper can help quiet an overexcited child.

til she was ready to take her place as a regular member of the group.

While Bernadine's problem was more severe than most, it is not uncommon for children whose lives have not been normal, who have not had adults talk with them much, to reach the age of three or four unable to speak. Other vulnerable children, who appear normal, are slow in their social development so that they cannot play cooperatively with other children. Some children become irritable more quickly than others, as if they are itching for a fight all the time. Often these are the ones who go wild when there is some unexpected excitement, or who tire out before everyone else.

Teacher must keep on her toes with these children. If they are not calmed by an adult who recognizes the beginnings of uncontrollable behavior, they can upset the entire group. Often these high strung youngsters need more direction and guidance at first in moving from one activity to another. Instead of turning them loose among the many toys of the center to choose their own pursuits, teacher may have to suggest things they might like to do.

"Mike, come and paint a picture," says teacher, taking Mike's hand and leading him away from the group of children that he had been threatening to bash with a block. Teacher seats Mike at a distant table. "See, I'll help you mix some paint. What color do you want to paint with?"

An extremely sensitive child may find that the experience of being in the same room with so many other children is too much for him. His nervous temperament may need more individual attention than a teacher, who must look after several other children, can give. If this is the case, it may be wiser to delay day care for a few months and keep this child with a grandmother or babysitter who can devote more time to him alone in a quieter atmosphere.

Each child needs an approach planned to take into account his individual needs. Although Kenneth may know he is cross for some reason, he does not go to his teacher and say, "Miss Gifford, I am getting too wound up banging my truck into Vincent's. Will you please take me away so I won't throw it in his face?" Wouldn't it be helpful if children (and adults) could express their feelings in such a clear manner? Instead Kenneth gives us clues by the way he behaves. If Miss Gifford knows children and is quick to read the clues, she will know that Kenneth is at the end of his rope and will hurt Vincent unless she does something about it. This is the type of help the child who is emotionally vulnerable needs.

Combined Handicaps—"Everything happens to Martin!" says teacher trying to soothe the little boy with a bee sting on his finger. Almost every group has a Martin or someone like him. He's the child who has all the accidents. The one who falls off the slide, who runs into the door jamb, who trips over a rock in the play yard, whose bicycle tips over. He may rush into each new experience with enormous gusto, but something often happens to turn his joy into sorrow.

A little closer look at Martin might give teacher a few clues as to why he is the one to whom everything happens. He is a naturally active, alert, curious child who delights in exploring new things. He is quick and scoots here and there like an inquisitive puppy, not taking time to think about safety. At the same time he is poorly coordinated, the type who stumbles over his own feet. While running to be first to the sandbox, he stubs his toe on a rock. By the time he picks himself up, everyone else is already there. His urge to be the first and to go the farthest propels him into situations that a more surefooted child could handle with greater ease. When his poor coordination interferes with his being first or makes him hurt himself, his frustration may be more than he can bear.

He needs help from teacher to become more calm in exploring new situations. He wants to stay in the thick of the action, but he cannot stand the pace for too long. He needs someone to help him slow down now and then by suggesting that he "do something quiet over here where the other children won't disturb you."

Michele is another child who sometimes finds life overwhelming. She suffers from a skin allergy that makes her uncomfortable and cranky. Like Martin, she, too, has the unhappy combination of an active curiosity and poor coordination. On top of these difficulties, Michele has a sick father who does not understand why she is cross when her skin itches. He often beats her for complaining. At the child care center she cries for the slightest reason and generally keeps the group in turmoil.

This vulnerable child needs a great deal of personal attention from her teacher. She needs someone to sympathize with her discomfort and to show her that she is worth caring about even if her skin is dry and bumpy. She also needs talks with an understanding adult about how to live with her own difficulties. If she can learn how to keep out of trouble with her father at home and how to take a calmer approach to group activities at the center, her life may have fewer distressing experiences.

everyday fears

Fear is Normal—Everyone is born with fear. It is nature's way of protecting us from danger. A baby automatically clutches his mother's dress if he feels he is falling. Through his sleep he hears a loud noise and his body twitches and becomes tense. His brain instinctively senses danger and his body gets ready to protect itself.

As the baby grows older he learns many different kinds of fear. Some of them, like fear of poking fingers into electrical outlets, are taught to him by adults who care about his safety. Others, like fear of the shadows on his bedroom wall, develop as his imagination and thinking ability grow. By the time a child is three years old, he is likely to have many different fears, both real and imaginery. Hopefully, as he grows older he will throw off the senseless fears and keep the realistic ones.

Most small children have some fears that seem ridiculous to grown-ups. When Charlene refused to go down the cellar because "a scary animal with lots of arms" might grab her, her parents laughed at her silly ideas and told her not to act like a baby. Actually, Charlene's "animal" was the furnace with hot air pipes leading from it to the rooms above. To Charlene it was a ferocious beast. When Uncle Bill, who understood children, came to visit, he took the time to go with Charlene and look at her "beast". He explained that her "animal" was really the furnace that kept them warm in winter. After a close look with Uncle Bill, Charlene lost her fear of the cellar.

The vulnerable child who is living with special difficulties has even more fears than other children. A child with poor eyesight may easily mistake a harmless piece of furniture for a threatening monster. The child with sensitive ears may appear jumpy because his body tenses when he hears a sudden sound.

Fear of the unknown is present to some degree in children and adults alike. It is healthy to be cautious on unfamiliar ground. But the child who has trouble adjusting to every new situation naturally is more fearful than the adventurous one who meets challenges with zest.

The teacher who understands that some children are more likely to be fearful than others can help each child along the road to mental health by talking with him about his fears so that he can begin to sort the realistic fears from the imagined ones.

Kinds of Fear—There are so many different kinds of fear that it is impossible to list them. Sometimes it seems that a child simply dreams up a fear out of sheer imagination. Other times the fear is completely understandable, as with an allergic child who cringes at the door of the clinic when his mother takes him for his weekly shot. A sensitive parent or teacher sometimes can trace the source of the fear to a real experience. Whether there seems to be a reason or not, the fear is very real to the child and should not be laughed at.

One of childhood's most common fears is fear of the dark. Some children are nagged by this fear for years because an angry adult shut them in a closet for punishment. Parents without a babysitter at home often take their young child with them to visit friends and put him to bed in a strange room in the dark. Unable to sleep because of the unfamiliar surroundings, the child may see all sorts of scary things in the shadows. A small light may prevent such anxieties in strange places.

Other fears may grow out of a fall from a high place, as from a jungle gym. When this happens, it is best to help the child climb up again safely so that his self-assurance is restored.

Many children are afraid to put their faces in water and need a great deal of encouragement to take the first steps toward learning to swim. There are adults who remain terrified of water because an overzealous swimming teacher threw them in before they were ready for it.

Children with special handicaps often have special fears. Pedro may be afraid to climb on the monkey bars because a skin sensitivity makes him bruise easily. What would be a minor tumble to other children is a painful experience to Pedro. The sight of an insect strikes terror in Joanie, who still remembers the time a tick buried in her arm and how much it hurt when the doctor removed it. Kristine's sensitive ears make her afraid of loud noises.

A child may be afraid of thunder, fire engines, policemen, animals—in fact almost anything can become the source of fear. The main thing for a teacher to remember is that a frightened child first of all needs confort, then help in overcoming his fear. Telling a child who hides under the table when thunder rolls that there is nothing to be afraid of does not help him at all. Taking him on your lap and holding him tightly in your arms offers him protection from the immediate threat. While you do this, you can help him see that thunder won't hurt him.

On a field trip where the children face new experiences, fears that never appeared in the child care center may come to the surface. It is difficult for teacher, while looking after so many children, to watch for individual fears, but the teacher who is alert to this can offer help when it is needed.

Conquering Fear—Some five- or six-year old children enjoy scary fairy tales. The witch tries to eat Hansel and Gretel, the bad fairy makes Sleeping Beauty go to sleep for 100 years, the wicked stepmother tries to kill Snow White with a poisoned apple, and even the baby being rocked in the treetop falls when the bough breaks. Generations of children have asked to have these stories told over and over again. It is almost as if children enjoy being frightened in the safe confines of a storybook where they know everything will work out all right and everybody will live happily ever after. Being introduced to the dangerous side of life in a make-believe setting may help children face some of the frightening realities of life, itself. But children under five cannot always tell the difference between fairy tales and reality. They often get terrified by the same stories they enjoy at school age.

A timid child may want to size up a situation from a distance.

The games children make up themselves are often another way of conquering their fears. A group of children in one child care center played "lost in the woods" for several days running. They would hide behind the trees and wait for teacher to find them. When she did, she naturally hugged them and expressed tremendous joy that they were found. When the need for such assurance was no longer felt, the children forgot the game and moved on to other activities.

When Brian came back to the center after a tonsillectomy, he quickly organized a group of children into a game of "taking out the tonsils." As doctor, Brian gave shots and put a paper cup over each child's nose to put him to sleep for the operation. It was his way of conquering the fear and resentment that he felt during his hospitalization.

While some children can handle their fears themselves through play, others need some help to express their feelings. Just talking about what frightens them can go a long way toward putting them in control of their fears. When Francesca moved to a new house, she told her teacher that the new house was scary because witches lived there. Teacher could have scoffed, "You know there aren't any witches," and Francesca would have gone on being afraid of the witches in her house. Instead, teacher sat down next to Francesca and said, "Moving into a new house can be very scary. Everything looks different, and it scares a little girl to be in a strange place. Tell me about your new house."

Jerome, on the other hand, spent a week after moving into a new house drawing beds and mattresses. Every painting reflected this preoccupation. It was his way of working out his uneasy feelings about his bed being moved to a strange place.

Some children overcome their fear of an unknown place by singing to themselves or carry-

ing a toy for company. When children are afraid of strange situations, they may need the support of a familiar adult until the situation is no longer frightening. For instance, if going alone to the toilet scares a child, it will help to have a teacher or aide go with him at first. The next time the adult might go just to the door. Eventually, the child will feel at home and not need any escort.

Some children who come to child care centers may not have flush toilets in their homes and may be worried that they will be flushed down the pipe. In some cases, a potty may be helpful.

A good general principle is to help a child face new situations by gradual steps.

If Kathryn is afraid of the hamster, teacher might suggest, "Just watch him eat." Then, "You can give him his lunch." Later, "Just touch his fur through the bars and feel how soft he is." After a while Kathryn will ask to hold him.

There is no formula for overcoming each particular fear. So much depends on the individual child, what he is afraid of, and why he fears it. A few basic tips might include:

- Even the silliest fear is real to the child. Do not laugh at it.
- Give immediate comfort when a child is frightened.
- When the crisis is past, talk about what frightened the child.
- Go with the child to see what frightens him, but don't rush him.
- Try to help him play out his fears.

stress

Causes of Stress—A particularly destructive tornado ripped through the Middle West, damaging many buildings including the home of one of the teachers in a child care center in the storm area. Many families were affected in some way by the tornado, either by suffering direct damage or by knowing someone who did. Nobody talked about anything else but the tornado and its tragic aftermath. Television repeatedly showed scenes of destruction.

When the child care center reopened without the teacher whose home had been destroyed, the aides noticed striking changes in the behavior of the children. At first none of the children was able to draw. Two children who had been able to paint quite advanced figures had regressed to painting only circles. Others went back to aimless back and forth strokes with the brush. When a clap of thunder sounded during naptime, one boy woke up with a start and with a frightened look on his flushed face, dashed toward the door.

The entire group of children had reacted to the stress of the tornado. While the rest of the children expressed their anxiety by playing "tornado," the aide noticed that Lisa would sit in silence and watch. She also noticed that Lisa had begun to wet her pants, something she had not done for many months.

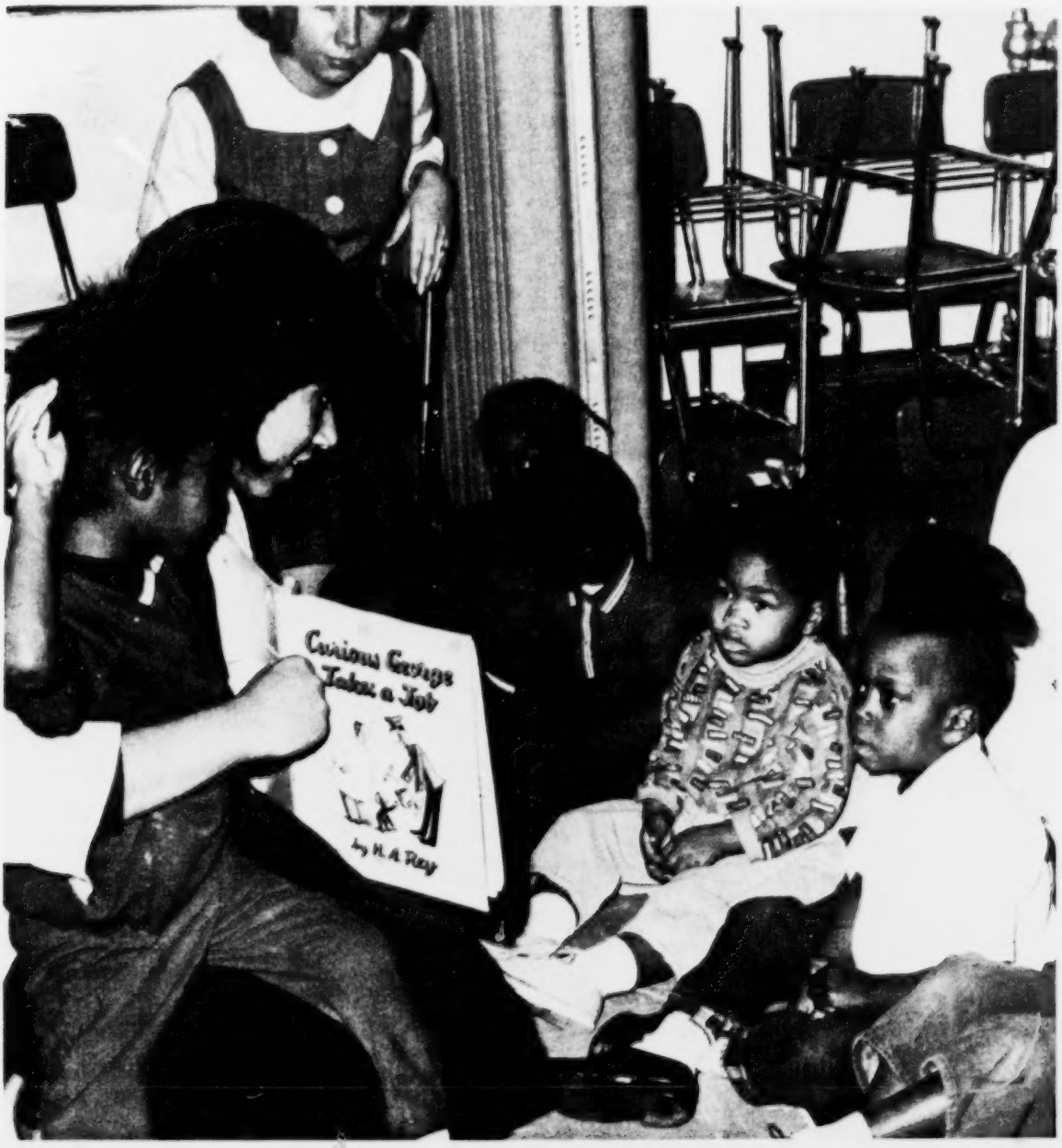
When the aide asked Lisa what was wrong, Lisa only looked at her in silence. Trying a different approach, the aide asked if Lisa were worried about Mrs. Jackson, whose house had been destroyed in the tornado. Lisa nodded "yes." The tornado experience, while distressing to all the children, was obviously more stressful for Lisa. After the aide reassured the child that Mrs. Jackson was staying with her mother while she looked for a new house and that she was not hurt by the tornado and would be back soon, Lisa began to relax. Gradually she started to talk and join in the activities. She had fewer wet pants every day, and the wetting stopped completely when Mrs. Jackson came back to the center.

It does not take an experience as dramatic as a tornado to cause stress in a child. Whatever makes a child feel insecure can bring out behavior changes to show that the child is suffering from stress. A vulnerable child with special difficulties naturally finds more situations threatening to him than does a child who is not quite so sensitive.

A walk in the park may be upsetting to a lame child who gets exhausted trying to keep up with the others. The poorly coordinated child may

become so frustrated trying to cut with scissors that he throws the scissors on the floor and tears up the picture he was cutting. A loud, cross voice may be stressful to the child with sensitive ears; rough play may be disturbing to the child with sensitive skin; an unannounced visitor may be overstimulating to a child who has difficulty adjusting to changes. Some children just get tired more quickly than others.

Losses and separations from parents, caused by death, divorce, desertion, or whatever reason is a stressful experience to every child, but some children have more difficulty handling a loss than do others. Bad experiences early in life



When teacher keeps an upset child near her, she is telling the child someone cares.

sometimes leave scars that make a child insecure and unable to adjust to life's threatening situations.

Signs of Stress—There are many different signs that a child is under some kind of stress. He may lose his appetite and be unable to sleep or even relax. His face may be either flushed or pale, and he may have to go to the toilet more frequently than usual. He may regress to more babyish behavior, like wetting his pants or sucking his thumb. A child may show tension by biting his fingernails, stuttering, throwing temper tantrums, or having crying spells. In fact, any change in his normal behavior may be a sign that he is under stress and needs special protection.

What Can the Teacher Do?—Without knowing what caused the child to be upset, teacher can immediately try to soothe him and let him know that she will help him in any way she can. A child who finds himself facing situations he cannot handle needs to know there is a grown-up ready to help him through the rough spots. Scolding him if he wets his pants, or nagging him to stop biting his nails, or yelling at him to stop stuttering will only make him feel worse and will exaggerate the problem. Trying to force him to eat if he has lost his appetite will only turn him more against food.

Until teacher knows why the child is upset, it is best for her to feel her way and watch for clues. Comfort him when he needs it. Give lots of individual attention, and make him understand that he will always have someone to look after him no matter what happens. Stay close to him. He may be troubled because his mother is sick or because his father has left home. If his teacher leaves him alone with his despair, he may feel that nobody in the world cares about him.

One teacher wondered why Rita behaved so peculiarly on Mondays. As the week went on, she acted more and more like the other children. By Friday she was a cooperating member of the group. But on the next Monday morning, she would come to school with a chip on her shoulder and keep the entire center in an uproar for most of the day. When teacher learned that Rita's mother was mentally ill and came home from the hospital only on weekends, she concluded that was the cause of Rita's Monday behavior.

"It upsets you to see Mommy so upset at home, doesn't it, Rita?" teacher asked the next time Rita grabbed a toy from another child. "Come sit here by me until you feel better." Teacher had shown Rita that somebody understood how badly she felt and somebody still cared for her even though her mother acted strangely.

Sometimes playing house and acting out family situations in the housekeeping corner helps a child to bring the problems that disturb him out in the open so that they don't worry him so much.

Probably the greatest stress that a young child can suffer is caused by the death of his mother. He needs genuine affection from some adult to keep him from feeling alone and desolate in the world. Many children are so deeply shocked by the loss that they do not cry. They seem to be numbed by grief. Adults seeing their dry eyes and outward calm may mistakenly think they don't care and have not been touched by the death.

A sensitive teacher can never adopt this attitude. Instead, she assumes that the child is deeply troubled regardless of outward signs, and she makes a special effort to keep him close to her. She might even help the child's father or whoever is taking care of him to understand how overwhelming the death of mother is to a young child.

In every way she can, the teacher must help the child realize that life has many possibilities, that there are other people who love him and will look after him. Her concern is reassuring, not only to the grieving child, but to the other children as well. On learning of the death of a friend's mother, every child begins to worry about his own mother. In reassuring one, teacher reassures them all.

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We all have fears. We all become upset when certain things happen. This is human nature and applies to children and adults alike. But some people have more fears than others. Some people find more situations upsetting. Some people seem to have a harder time living with the everyday problems of life.

When life becomes difficult, a person may stop trying. The teenager who finds school too overwhelming drops out. If he thinks the world

has been unfair to him, he may try to show that he is "somebody" by turning to crime. His life may seem so empty that he looks for happiness in the false comfort of drugs or alcohol. The father who meets closed doors when he tries to find a job may run away from his family in defeat. The mother whose life seems an endless drudgery may look for happiness by taking up one man after another.

When life becomes unbearable, mental illness may develop. Many of the sad or depressed teenagers and adults were particularly sensitive when they were young. They were vulnerable children who had a hard time getting along in life because of a combination of physical or emotional handicaps. If their handicaps are recognized at a young age, and understanding adults help them to learn to cope with their difficulties, they are better armed to hold their own in the adult world.

The teacher who can identify the needs of these vulnerable children and give them help may be aiding them to find ways to a satisfying and useful life.

Photo Credit: Page 18, OE; other photographs by Dr. Lois Murphy